

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS – PLEASE TYPE OR PRINT

THE CLEVELAND MUSEUM OF ART
FIFTY-SECOND ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 5 to JUNE 13, 1971

Born in Cleveland ☒ Yes ☐ No
Entered Previous May Shows? ☒ Yes ☐ No

☐ Miss ☐ Mrs. ☒ Mr. Artist TIMOTHY F. SEABROOK
Permanent Address 2717 ROCKLYN RD. SHAKER HTS. FIRST NAME LAST NAME
44122 CUYAHOGA CITY
ZIP COUNTY Tel. (216) 464-8228 AREA CODE

Temporary Address 209 SHAW AVE. DAYTON 45405
STREET CITY ZIP

Tel. (513) 222-4725 Collaborator _____
AREA CODE (IF ANY)

Collect return shipment desired. ☐ Yes ☐ No

Shipping address _____

This form in triplicate is made up of N C R paper which does not require carbon paper.
One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection, the last week in April.

THE RETURNED COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 13, 1971.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Timothy F. Seabrook
SIGNATURE

RETURN DATES FOR OBJECTS - Monday through Saturday 9:00 a.m. to 4:45 p.m. at Museum Service Entrance (West side of Museum)

REJECTED ENTRIES: May 8 - May 15, 1971
ACCEPTED ENTRIES: June 19 - June 26, 1971

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE OF \$2.00 MARCH 13 THROUGH MARCH 20, 1971.

EACH BOX INDICATES A SEPARATE ENTRY
LIMIT OF 2 ENTRIES PER PERSON

CATEGORY	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5				
MEDIUM	ETCHING								
TITLE	IS TRUE NORTH, NORTH?								
PRICE OR INSURANCE VALUE	\$65.		SIZE 14x19" OVER ALL						
GRAPHICS AND PHOTOGRAPHY ONLY									
NUMBER FOR SALE	NUMBER IN EDITION	PRICE UN-FRAMED	PRICE OF FRAME	NO. OF FRAMES FOR SALE					
N.F.S.	1								
DO NOT WRITE IN THIS SECTION									
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ACCEPTED	REJECTED								
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CATEGORY	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5				
MEDIUM	MIXED								
TITLE	ASK PLATO: OBJECTIVE IDEALISM								
PRICE OR INSURANCE VALUE	\$150.00		SIZE 21" X 25"						
GRAPHICS AND PHOTOGRAPHY ONLY									
NUMBER FOR SALE	NUMBER IN EDITION	PRICE UN-FRAMED	PRICE OF FRAME	NO. OF FRAMES FOR SALE					
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<input type="checkbox"/>	<input checked="" type="checkbox"/>								

DATE RECEIVED	BY
3/19	76

Mrs. Wm. Seabrook
5-15-71 A.M.J.